

EXHIBIT I

INTAKE INFORMATION SHEET

Name: **Orlando , John**

Docket #: [REDACTED]

CIPS:

Bed Loc: **LEV5-PODF**

Race: **W**

DOB: [REDACTED]

Ent.Date: **03/26/2016**

SSN: [REDACTED]

Gender: **M**

Ent.Time: **11:44:16 AM**

Interview

Interpreter Used Y/N **N**

If yes, Name of the Interpreter

Service

Intake Refuse Y/N **N**

Records Received Y/N **N**

AKA: **Orlando,John**

Address: [REDACTED]

Phone: [REDACTED]

Client Screening Accepted or Declined: **Accepted**

Why Declined:

Transferring from another facility Y/I **No**

Which Facility?

Insurance Y/N: **No**

Insurance Name

Carrier:

Policy #:

Emergency Contact

Name: **Orlando/Lawniczak,Jean**

Address: **No Emergency Contact Address on File**

Home Phone: **4127814986**

Work Phone:

Medical Conditions

Medications brought IN by Inmate:

Medications	Pill Count	Use or Destroy	Comments	Destroy Date
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Behavioral Health

Do you have any current mental health complaints ? Y

~~Do you have a history of a mental health problem ? Y~~

History of outpatient therapy ? Y

Within the last year ? Y

History of psychotropic medication(s) ? Y

History of psychotropic hospitalization ? Y

Within the last year ? N

History of Suicide attempts ? N

If so describe :

Are you thinking of suicide currently ? N

If yes, Do you have a plan? Describe :

Family or friends history of suicide ? N

Recent significant loss (within past six months) ? Y

Do you feel like there is nothing to look forward to (feeling hopeless / helpless) ? N

Have you ever hurt yourself on purpose ? N

Are you thinking about hurting yourself now ? N

Are you thinking about hurting others now ? N

Ever Hospitalizes for head trauma ? N

History of Violent Behavior ? Y

History of victimization ? Y

History of Sex Offenses? N

Comments

Last Physical Exam Date:
Last Menstrual Period Date

Last Mamogram Date:

Notified Inmate about the Allegheny County Jail PHYSICAL, MENTAL & SEXUAL abuse Policy Y/N Y

Have you ever been a victim of Physical abuse? N

If yes details:

Have you ever been a victim of Mental abuse? N

If yes details:

Have you ever been a victim of Sexual abuse? N

If yes details:

Allegheny County Jail
Inmate Medical Survey Report

Implement: CIWA N COWS N BWS_C N

Additional Comments: Denies any private medical issue to discuss. MH referral, opiod / ETOH detox ordered and initiated.

Teresa E. Latham, RN